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NAIDA PAR - NEVAROS	
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\_smmittee Name (print)

## Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / CHECK / IF LOAN IF IN KIND
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PAGE 7 OF 6

NAIRA PAL NOGRA

mmittee Name (print)

### Contributions of \$100 or Less

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NAIGA /AC MOMBOA

Committee Name (print))

# **Expenses Categories**

CATEGÓRIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

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			10.4
N	AΙ	CA	PAL

nmittee Name (print)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
			-

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MAIRA ON -NEMPA

Committee Name (print)

## Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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